

**Texas Department of State Health Services  
Tuberculosis Contact Screening Form**

**You have been identified as someone who recently spent time in an enclosed area with a person suspected of having tuberculosis (TB) disease. The information below will help the health-care worker interpret the results of the standard tests for possible infection with TB.**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Birth Country: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**TB Symptom Review:**    ☐ Fever    ☐ Chills    ☐ Cough    ☐ Productive Cough    ☐ Night Sweats  
                         ☐ Hemoptysis    ☐ Weight Loss ( $\geq 10\%$ )    ☐ Enlarged cervical lymph nodes  
                         ☐ Other: \_\_\_\_\_

**(Persons with symptoms of TB need a complete evaluation with skin test, sputum x 3, chest x-ray, and medical evaluation)**

**Previous Testing/Treatment:**    Date and results of previous tuberculin skin test (TST): \_\_\_\_\_

History of treatment of TB infection or disease:    ☐ No    ☐ Yes    Dates: \_\_\_\_\_

History of prior exposure to someone with TB disease:    ☐ No    ☐ Yes    Names/Dates: \_\_\_\_\_

History that may increase chance of prior exposure to someone with TB disease. Please check all that apply:

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Residence or travel in country where TB is common | Place/Dates: _____ |
| <input type="checkbox"/> Resident or employee of correctional facility     | Place/Dates: _____ |
| <input type="checkbox"/> Resident or employee of homeless shelter          | Place/Dates: _____ |
| <input type="checkbox"/> Resident or volunteer in disaster shelter         | Place/Dates: _____ |
| <input type="checkbox"/> Resident of long term care facility               | Place/Dates: _____ |
| <input type="checkbox"/> Health care worker                                | Place/Dates: _____ |
| <input type="checkbox"/> Injection drug use                                |                    |

**Other Medical History:**

Certain conditions may result in a false-negative result to the tuberculin skin test (TST). Please check all that apply:

- ☐ HIV infection  
☐ Receiving corticosteroids, arthritis medications (e.g., Remicad, Humira or Enbrel) or other immunosuppressive therapy  
☐ Immunization in the last 6 weeks with a live virus vaccine  
☐ Illness in the last 6 weeks with rubeola, influenza, mumps, etc.    Comment: \_\_\_\_\_

Persons with a positive result to the tuberculin skin test (TST) should have a chest x-ray to screen for possible TB disease. Children less than 6 years of age should have two views (PA and lateral). Pregnant women can receive a chest x-ray with proper shielding.

Are you pregnant or trying to become pregnant?    ☐ Yes    ☐ No    Comment: \_\_\_\_\_

**(Recent contacts less than 5 years of age need x-rays (PA & lateral) with medical evaluation even if skin test is < 5mm.)**

Some conditions increase the chance of developing TB disease if you are infected with TB. Please check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Diabetes mellitus      | <input type="checkbox"/> HIV infection or AIDS  | <input type="checkbox"/> Gastrectomy or jejunioleal bypass        |
| <input type="checkbox"/> Age less than 5 years  | <input type="checkbox"/> Silicosis  | <input type="checkbox"/> Chronic renal failure or on hemodialysis |
| <input type="checkbox"/> Leukemias/lymphomas    | <input type="checkbox"/> Cancer of head/neck/lung   | <input type="checkbox"/> Weight 10% less than ideal body weight   |
| <input type="checkbox"/> Solid organ transplant | <input type="checkbox"/> Prolonged use of drugs such as prednisone, Remicad, Humira or Enbrel |   |

**Type of Recent Exposure**

- ☐ Exposure during medical procedure  
☐ Exposure in congregate setting  
☐ Exposure in household of person with TB disease  
☐ Other \_\_\_\_\_

**Age**

- ☐ Age < 5 years  
☐ Age 5-15 years  
☐ Age > 15 years

First Test/Date: \_\_\_\_\_ Read: \_\_\_\_\_ Reading: \_\_\_\_\_ mm Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_

Second Test/Date: \_\_\_\_\_ Read: \_\_\_\_\_ Reading: \_\_\_\_\_ mm Manufacturer: \_\_\_\_\_ Lot #: \_\_\_\_\_

First Chest x-ray/Date: \_\_\_\_\_ Results: \_\_\_\_\_

Second Chest x-ray/Date: \_\_\_\_\_ Results: \_\_\_\_\_

**Health-Care Provider:** \_\_\_\_\_

**Interpreter:** \_\_\_\_\_